PROGRESS

OF

MEDICAL SCIENCE

MEDICINE

UNDER THE CHARGE OF

W. S. THAYER, M.D.,

PROFESSOR OF CLINICAL MEDICINE, JOHNS HOPKINS UNIVERSITY, BALTIMORE, MARYLAND,

AND

ROGER S. MORRIS, M.D.,

CHIEF OF THE DEPARTMENT OF INTERNAL MEDICINE, CLIFTON SPRINGS SANATORIUM AND HOSPITAL, CLIFTON SPRINGS, NEW YORK.

Acute Graves' Disease.—In reporting 4 cases of acute Graves' disease, Funke (*Zentralbl. f. inn. Med.*, 1913, xxxiv, 705) agrees with Schlesinger and others, that the one most characteristic symptom is tachycardia: exophthalmos and struma are often notably insignificant; other typical manifestations are marked arrhythmia, increased blood pressure, and exceedingly rapid emaciation. Fever of a remittent type is commonly seen. In all cases there was considerable splenic enlargement, intractable vomiting, and more or less continuous jerking of the entire body, reminding one of a chorea major. Dysphagia was frequently complained of. In 1 case there occurred tetany-like cramps in the hand and a positive Chvostek's sign. Jaundice was encountered, and considered to be of toxic origin as was the splenomegaly. Status lymphaticus was present in 2 cases. The usual determining cause of acute Graves' disease is some severe psychic shock. Funk advises against surgical intervention; all 4 cases had a successful outcome, though none were benefited by the use of antithyreoidin.

Functional Test of the Kidney in Uremia.—Foster (*Arch. Int. Med.*, 1913, xii, 452) cites three different types of nephritis for the purpose of emphasizing the importance of functional tests by themselves. The first, with cardiac hypertrophy, arterial hypertension, albuminuria and cylindruria, developed albuminuric retinitis in November. In December, the excretion of phenolsulphonephthalein was 53 per cent. Death in coma occurred suddenly in February after a convulsion. Section showed a red granular kidney. The second case showed no cardiac enlargement or hypertension. There was albuminuria and cylindruria. The excretion of phenolsulphonephthalein three days before death, while the patient was in coma, amounted to 63 per cent. Section revealed a small granular kidney. The third case was characterized by anasarca, small heart, and low blood pressure, considerable albumin and many casts in the urine. Death was sudden after a convulsion. Eleven days before, the phthalein test gave 57 per cent. output. The clinical diagnosis in last case was confirmed at section. In all the phenolsulphonephthalein test gave a figure approximating normal. Yet in view of the termination of the cases, one would hardly venture to assert that the renal function was normal. As to prognosis, this test would have indicated that recovery was almost certain. Foster questions whether the excretion of this drug does not depend on some other factor than pure renal disease, which by its presence or absence determines the rate of secretion by the kidney—as circulation or non-protein nitrogen in the blood. However, the same finding occurs with incoagulable nitrogen in the blood in uremia. Foster cites a case of death from uremia with a low normal estimation of non-protein nitrogen in the blood. He warns that the consideration of such methods of investigation as ultimate criteria leads into errors of diagnosis, narrowed medicine, and false ideas as to the pathology of a disease entity.

Chemical Nature of Eosinophilic Granules.—MÜLLER (*Wien. klin. Woch.*, 1913, 1025) found that if air-dried blood films are fixed for six hours in the incubator, submerged in a saturated aqueous solution of $K_2M_uO_4$: without washing, then stained for several hours in Kultschitzky's hematoxylin solution and finally counterstained with Weigert's borax-ferrocyanide mixture until the red-blood cells are colorless, and the white cells appear as bright gray disks the esinophilic granules then appear as brown or blue-black dots. After the action of various lipoid solvents the granules will no longer stain black in the above method, though they retain their affinity for acid aniline dyes. This affinity is probably due to a protein complex—as demonstrated by Petry; but besides this, the granules probably are made up of some lipoid constituents.

On the Effect of Opiates upon Peristalsis.—E. STIERLIN and N. SCHAPIRO (*München. med. Woch.*, 1913, lix, 2714) find that the x-ray studies of the affects of opium and its derivatives on peristalsis in the stomach and intestines, as reported in literature, are very conflicting. They have therefore, investigated the subject on man and on animals. Patients with fistulæ of the small intestine and with cecal fistulæ, as well as normal individuals have been studied. In a dog the small intestine was divided half-way between the stomach and large bowel. The upper half was implanted in the cecum, whereas the open end of the lower half was inserted in the abdominal wall. By this means it was possible to study the affect of the drug on the stomach and small intestine separately. Stierlin and Schapiro find that morphine has a variable action on gastric peristalsis. Usually in the young, moderate doses delay the emptying of the stomach several hours, even to twice the normal time. In adults, on the other hand, this action is much less marked and less constant. In 2 cases of hyper-